Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

United States Courts Southern District of Toxas

FILED

UNITED STATES DISTRICT COURT

FEB 0 9 2024

for the

Southern District of Texas

Nathan Ochsner, Clerk of Court

Houston Division

	Case No. 24 CV 486
Ryan Joshua Diaz	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-)) Jury Trial: (check one)
Waste Connections Defendant(s)))))
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed,

Name	Ryan Joshua Diaz
Street Address	27479 Vivace Drive
City and County	Spring
State and Zip Code	TX 77386
Telephone Number	281-384-8767
E-mail Address	ryand423@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	
Name	Waste Connections
Job or Title (if known)	
Street Address	3 Waterway square place, suite 110
City and County	The Woodlands, Montgomery County
State and Zip Code	Texas 77380
Telephone Number	832-442-2200
E-mail Address (if known)	
Defendant No. 2	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 3	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	

Pro Se	I (Rev. 12	/16) Comp	laint for a C	Civil Case						
			E-ma	ail Address (if ki	nown)					
II.	Basi	s for Ju	risdictio)n						
	heard particis a f anoti	d in fede es. Und ederal q ner State	eral cour ler 28 U. luestion of or nation	ourts of limited j t: cases involvings.C. § 1331, a case. Under 28 on and the amounip case, no defe	ng a fed case aris U.S.C. int at sta	eral questionsing under the \$1332, a cake is more	on and cases in the United States in which than \$75,000	involving diver ates Constitution a citizen of one of is a diversity	sity of cit on or fede e State su of citizen	izenship of the ral laws or treaties es a citizen of ship case. In a
	Wha	t is the l	oasis for	federal court ju	risdictio	on? (check a	ıll that apply)			
			leral que	-			rsity of citize	enship		
	Fill c	out the p	aragrapl	ns in this section	n that ap	oply to this	case.			
	A.	If th	e Basis	for Jurisdictio	n Is a F	ederal Qu	estion			
				ific federal state n this case.	ites, fed	leral treatie	s, and/or prov	visions of the U	Jnited Sta	tes Constitution that
		Far	nily and	Medical Leave	Act of	1993 (FMI	.A) - 29 U.S.	C. §§ 2601–26:	54	
		An	ericans	with Disabilitie	s Act of	f 1990 (AD	A) - 42 U.S.0	C. §§ 12111–12	211	
	В.	If th	e Basis	for Jurisdiction	n Is Div	ersity of C	Citizenship			
		1.	The	Plaintiff(s)						
			a.	If the plaint	iff is an	individual				
				The plaintif	f, (name	•)				_, is a citizen of the
				State of (nan						_
			b.	If the plaint	iff is a c	corporation				
				The plaintif	f, (name	·)				, is incorporated
				under the la						
								e State of (name))	
					aintiff is	s named in		t, attach an add	ditional p	age providing the
		2.	The	Defendant(s)						
			a.	If the defend	dant is a	n individua	al			

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	The defendant, (name)	, is a citizen of
	the State of (name)	. Or is a citizen of
	(foreign nation)	
b.	If the defendant is a corporation	
	The defendant, (name)	, is incorporated under
	the laws of the State of (name)	, and has its
	principal place of business in the State of (name)	
	Or is incorporated under the laws of (foreign nation)	
	and has its principal place of business in (name)	
same	ore than one defendant is named in the complaint, at information for each additional defendant.) Amount in Controversy	ach an aaattional page proviaing the
The a		

III. Statement of Claim

3.

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Plaintiff claims that Defendant violated the Family Medical Leave Act (FMLA) by terminating Plaintiff's employment during an approved FMLA leave period, without requesting or verifying a Fitness for Duty certification, which is a required procedure by the Defendant's own protocols.

Plaintiff further claims that Defendant violated the Americans with Disabilities Act (ADA) by not providing a reasonable opportunity to request accommodation for the Plaintiff's documented disability and instead terminated Plaintiff's employment based on said disability.

Plaintiff asserts that the termination was pretextual, evidenced by the timing immediately following the FMLA leave and the absence of any prior disciplinary action, indicating that Defendant's stated reasons for termination were not the true reasons for the adverse employment action.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Plaintiff seeks the following relief:

Back pay and benefits from the date of wrongful termination to the present and continuing until such time as Plaintiff is properly reinstated or compensated for the loss of such employment.

Front pay in lieu of reinstatement, if reinstatement is not feasible, to compensate for future loss of earnings and benefits.

Compensatory damages for emotional distress, pain and suffering, inconvenience, loss of enjoyment of life, and other non-pecuniary losses.

Punitive damages due to the willful and malicious nature of Defendant's conduct and to deter such conduct in the future.

Attorney's fees, costs, and expenses associated with this action.

Pre-judgment and post-judgment interest at the legal rate.

Any other relief the Court deems just and proper.

Plaintiff reserves the right to amend this complaint to specify amounts of damages upon completion of discovery and determination of the full extent of Plaintiff's losses.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

Α. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

2/9/2024 Signature of Plaintiff

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	Printed Name of Plaintiff	RYAN Joshua Diaz
B.	For Attorneys	
	Date of signing:	
	Signature of Attorney	
	Printed Name of Attorney	
	Bar Number	
	Name of Law Firm	
	Street Address	
	State and Zip Code	
	Telephone Number	
	E-mail Address	